

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>H. K. Hale</i>	<i>12</i>	<i>07/18-01</i>
O.I.P.E. CLASSIFIER		<i>1118</i>	<i>11/18</i>
FORMALITY REVIEW	<i>TH</i>		<i>8-27-01</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	<i>07/18</i>
2	<i>07/18</i>
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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*823*  
*8/28*